

| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 1630-0514PUS1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|--------------------------------|-----------------------------|----------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|----|--------|---|---------|------|--------------------|---|--------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|-------------|
| Application No. | Filing Date Concurrently Herewith | Examiner M. Le | Art Unit 2163 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s): Young-Chul KIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invention: APPARATUS AND METHOD FOR AN ADDITIONAL CONTENTS DISPLAY OF AN OPTICAL DISC PLAYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">23</td> <td style="text-align: center;">- 34 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">8</td> <td style="text-align: center;">- 10 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> David A. Bilodeau Attorney Reg. No.: 42,325 </div> <div style="text-align: right;"> Dated: <u>April 30, 2009</u> </div> </div> <div style="margin-top: 20px;"> BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 </div> | | | | | CLAIMS AS AMENDED | | | | | | | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | Total Claims | 23 | - 34 = | 0 | x 52.00 | 0.00 | Independent Claims | 8 | - 10 = | 0 | x 220.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | Other fee (please specify): | | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| CLAIMS AS AMENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |